

Your Personalized Screening and Immunizations Chart

Screenings and Immunizations for Women Aged 40-49

These charts are guidelines only. Your doctor will personalize the timing of each test and immunization to meet your health care needs. This chart lists recommended screenings and immunizations for women aged 40-49 at average risk for most diseases. For more information go to: <http://www.womenshealth.gov/screeningcharts/>



womenshealth.gov

1-800-994-9662

TDD:1-800-220-5446

General Health:		
Full checkup, including weight and height	Discuss with your doctor or nurse.	Date _____ Next Appointment _____
Thyroid test (TSH)	Every 5 years.	Date _____ Next Appointment _____
Heart Health:		
Blood pressure test	At least every 2 years.	Date _____ Result _____ Next Appointment _____
Cholesterol test	Discuss with your doctor or nurse.	Date _____ Result _____ Next Appointment _____
Bone Health:		
Bone mineral density test	Discuss with your doctor or nurse.	Date _____ Next Appointment _____
Diabetes:		
Blood glucose test	Start at age 45, then every 3 years.	Date _____ Next Appointment _____
Breast Health:		
Mammogram (x-ray of breast)	Every 1-2 years. Discuss with your doctor or nurse.	Date _____ Next Appointment _____
Reproductive Health:		
Pap test & pelvic exam	Every 1-3 years.	Date _____ Next Appointment _____
Chlamydia test	Get this test if you have new or multiple partners.	Date _____ Next Appointment _____
Sexually transmitted disease (STD) tests	Both partners should get tested for STIs, including HIV, before initiating sexual intercourse.	Date _____ Next Appointment _____

Mental Health		
Screening	Discuss with your doctor or nurse.	Date _____ Next Appointment _____
Colorectal Health		
Rectal exam	Discuss with your doctor or nurse.	Date _____ Next Appointment _____
Eye and Ear Health:		
Complete eye exam	Every 2-4 years.	Date _____ Next Appointment _____
Hearing test	Every 10 years.	Date _____ Next Appointment _____
Skin Health:		
Mole exam	Monthly mole self-exam; by a doctor every year.	Date _____ Next Appointment _____
Oral Health:		
Dental exam	One to two times every year.	Date _____ Next Appointment _____
Immunizations:		
Influenza vaccine	Discuss with your doctor or nurse.	Date _____ Next Appointment _____
Tetanus-diphtheria booster vaccine	Every 10 years.	Date _____ Next Appointment _____

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